

Organization: _____

INNER QUEST, Inc.
Participant Assumption of Risk and Waiver Agreement

Welcome to your Outdoor Adventure program with INNER QUEST! Our programs are designed to foster self-discovery, confidence, teamwork, communication and group process skills. Your program may involve Rockclimbing and Rappelling, Canoeing, Kayaking, Caving, Challenge Course and other related outdoor activities. We are confident you will find it a great learning experience. Both fun and challenging.

When working outdoors and leading physical activities, safety is our main concern. We will regularly discuss basic rules of safety and provide the special organization, supervision, instruction and equipment you need to participate safely in course activities. It is impossible for us to eliminate all risk, however, and your commitment to follow instructions and use sound personal judgement will contribute greatly to your well being. By signing this waiver, the participant and/or guardian accepts that there are inherent risks and hazards in adventure programming and agrees not to sue INNER QUEST, Inc.

Please read and sign the following agreement:

I, as a participant or parent/guardian of a participant, understand I will be participating in activities that involve periods of physical exertion, balancing, heights (up to 80'), lifting, pushing, pulling, climbing, and water hazards. I know most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. I fully understand that my physical activity involves risk of injury. I understand the risks may include loss or damage to personal property.

I understand that I will not be forced to do any activity and that despite a reasonable precaution taken by INNER QUEST, that a guarantee of absolute safety is impossible. I agree to exercise good personal judgement, to ask for help if I am concerned about my safety and to be responsible for deciding if a proposed activity is appropriate for me. I agree to inform my instructors of any physical, mental or medical condition that might affect my ability to participate or affect other members of my group. I realize that failure to tell that information could result in serious harm to myself or others. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol.

I agree to comply with safety instructions given by INNER QUEST, Inc. and to be responsible for my personal safety and well being. I/We agree to hold INNER QUEST, Inc., its Directors, Officers, Employees, Agents, and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur on this program.

I/We understand that all possible precautions are taken to insure that all programs and activities sponsored by INNER QUEST, Inc. are conducted by mature and qualified personnel in a safe and responsible manner. I voluntarily assume the risks of the activities and agree to report any injuries before leaving the premises.

In the event of an emergency, I/We understand every attempt will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I/We give permission to INNER QUEST, Inc., to secure proper medical treatment. I understand that any medical expense not covered by INNER QUEST medical insurance will be billed directly to me or to my insurance company.

I/We grant permission for INNER QUEST to use any photographs of the participant taken during the program in newspapers, magazines, brochures or other media for promotional purposes.

I/We have read and understand all materials outlining the adventure course, including this waiver and agree to abide by these terms. If I had any questions, I have called INNER QUEST, Inc. in advance of the program to clarify them. I am aware this is a waiver and a release of liability and I sign it **voluntarily**.

Signature of Parent/Guardian

Signature of Participant

Printed Full Name

Printed Full Name

Date

Date

INNER QUEST, INC.
34752 Charles Town Pike
Purcellville, VA 20132
703-478-1078
innerquestonline.com

To be completed by participant (parent or guardian if participant is under 18)

NAME _____ SEX _____ DATE OF BIRTH _____
Last, First Middle

HOME ADDRESS _____
No. and Street
City State Zip PHONE #(____) _____

PERSONS TO BE NOTIFIED IN CASE OF SERIOUS ILLNESS OR INJURY:

1. _____ (____) _____
Name Relationship Phone#

2. _____ (____) _____
Name Relationship Phone#

FAMILY PHYSICIAN _____ (____) _____
Name Address Phone#

Name and address of Insurance Co. _____

Policy # _____ Phone# _____

PLEASE LIST ALL:

Current Injury/Medical Conditions (explain) _____

Allergies (student must bring any special medication required) _____

Current Medication Being Taken (explain) _____